

**UNITED STATES TRUSTEE MONTHLY REPORT FOR CHAPTER 13 DEBTORS**

Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_

**A. MONTHLY CASH FLOW STATEMENT for the period \_\_\_\_\_ to \_\_\_\_\_**

Balance from prior account  
(if first report insert opening balance) \_\_\_\_\_

Receipts:

Sales (cash only) \_\_\_\_\_  
Collection of Accounts Receivable \_\_\_\_\_  
Other Income \_\_\_\_\_  
TOTAL RECEIPTS \_\_\_\_\_

Expenditures:

Purchase of Inventory \_\_\_\_\_  
Net Payroll \_\_\_\_\_  
Rent \_\_\_\_\_  
Lease Payments \_\_\_\_\_  
Payment to Mortgagees \_\_\_\_\_  
Insurance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Taxes (as tallied in tax statement) \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supplies \_\_\_\_\_  
Postage \_\_\_\_\_  
Outside Labor \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
(describe - use supp. sheet if necessary) \_\_\_\_\_

TOTAL EXPENDITURES \_\_\_\_\_

NET CASH FLOW \_\_\_\_\_

CASH ON HAND AND IN BANKS \_\_\_\_\_

(TO BE CARRIED FORWARD TO NEXT REPORT) \_\_\_\_\_

**B. STATEMENT OF AGED ACCOUNTS PAYABLE**

Amount of Postpetition Accounts Payable  
or Unpaid Invoices: \_\_\_\_\_

Over 30 days

Over 60 days \_\_\_\_\_

Over 90 days \_\_\_\_\_

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Signature and Title

Case Name: \_\_\_\_\_ Case No. \_\_\_\_\_

C. INSURANCE EXPIRATION STATEMENT for the period \_\_\_\_\_ to \_\_\_\_\_

Policy Expiration Dates:

Workers' Compensation Insurance \_\_\_\_\_

Liability Insurance \_\_\_\_\_

Fire Insurance \_\_\_\_\_

Other (describe) \_\_\_\_\_

D. STATEMENT OF ACCOUNTS RECEIVABLE

Total Accounts Receivable \_\_\_\_\_

Amount of Accounts Receivable over 45 days \_\_\_\_\_

Amount of Accounts Receivable over 90 days \_\_\_\_\_

Current \_\_\_\_\_

E. TAX STATEMENT

Gross Payroll for this Period \_\_\_\_\_

Amount Withheld During Period for: \_\_\_\_\_

a. Employees' Federal Income Taxes \_\_\_\_\_

b. Employees' FICA Tax \_\_\_\_\_

c. Employees' State Income Taxes \_\_\_\_\_

Taxes Deposited or Paid During This Period for: \_\_\_\_\_

\* a. Employees' Withheld Fed'l Income Tax \_\_\_\_\_

\* b. FICA Employer's & Employees' Share \_\_\_\_\_

c. Federal Corporate Income Tax \_\_\_\_\_

d. FUTA \_\_\_\_\_

e. Other Federal Tax (describe) \_\_\_\_\_

\* f. Employees' Withheld State Income Tax \_\_\_\_\_

\* g. State Sales/Use of Meals Tax \_\_\_\_\_

h. State Corporate Income Tax \_\_\_\_\_

i. Other State Tax (describe) \_\_\_\_\_

j. Property Tax \_\_\_\_\_

\*\*TOTAL \_\_\_\_\_

\* Attach photocopies of IRS Form 6123 or similar receipt from state taxing authority to verify that such deposits or payments have been made.

\*\* Enter this figure on the appropriate line on the monthly cash flow statement.

Signed under the pains and penalties of perjury this \_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Signature and Title